

PATENT PROSECUTION RECEIPT OF FILING

Atty. Docket No: 35646-175183 Title of Application: BIDDER-SIDE AUCTION DYNAMIC PRICING AGENT, SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT Application No: 09/963,742 Patent No. : _____	Attorney/LAA: CJS:cja PTO Due Date: February 18, 2008 Current Date: February 19, 2008 Filing Date: September 27, 2001 Issue Date: _____
--	--

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

<input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Fee Transmittal Form SB-17 New U.S. Patent Application (____ pages of specification/claims) Rule 53(d) Continued Prosecution Application Rule 53(b) Continuation or Divisional Application (attach copy of specification, claims, drawings and declaration) U.S. National Stage Application of PCT Application <input checked="" type="checkbox"/> Request for Continued Examination (RCE) under 37 CFR 1.114 <input checked="" type="checkbox"/> Yellow filing receipt Substitute Specification Priority Document-Cert. Copy of Appln.#: _____; Country: _____; Date Filed: _____ Formal Drawings (____ sheets, Figs.) Inventor Declaration Assignment w/Cover Sheet Response to Notice to File Missing Parts Response to Notice to File Missing Requirements Response to Requirement Information Disclosure Statement with cited references Response Amendment / Preliminary Amendment <input checked="" type="checkbox"/> Petition/Request for Extension of Time (1 mo. ext.) Power of Attorney Terminal Disclaimer Notice of Appeal Appeal Brief (in triplicate) / Reply Brief (in triplicate) Request for Oral Hearing Confirmation of Hearing Petition Issue Fee Transmittal Certificate of Correction Maintenance Fee Transmittal Status Inquiry Other: (Please describe below) _____ _____ _____ _____ _____	_____ Filing Fee _____ Search Fee _____ Examination Fee _____ Additional Claim Fee <u>60.00</u> Extension Fee _____ IDS Fee _____ Recordation Fee _____ Notice of Appeal Fee _____ Brief on Appeal <u>405.00</u> Request for Continued Examination _____ Petition Fee _____ Issue Fee _____ Maintenance Fee _____ Other Fees (Describe) _____ _____ <u>465.00</u> Total Fees Paid
---	---

Charge the above fees as follows:

☒ USPTO Deposit Account No. 22-0261
☐ USPTO Deposit Account No. _____
☐ USPTO not to charge any Deposit Account

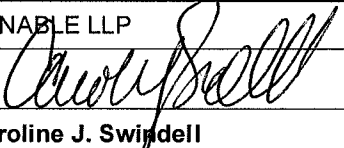
Reviewed By: _____

Signature of Attorney

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

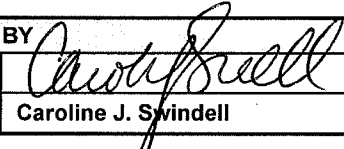
<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	09/963,742-Conf. #9308
		Filing Date	September 27, 2001
		First Named Inventor	Rob R. Montgomery
		Art Unit	3691
		Examiner Name	O. Akintola
Total Number of Pages in This Submission		Attorney Docket Number	35646-175183

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Yellow filing receipt <input checked="" type="checkbox"/> Extension of Time (1-mo.) <input checked="" type="checkbox"/> Request for Continued Examination <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Remarks </div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	VENABLE LLP	
Signature		
Printed name	Caroline J. Swindell	
Date	February 19, 2008	Reg. No. 56,784

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/963,742-Conf. #9308
		Filing Date	September 27, 2001
		First Named Inventor	Rob R. Montgomery
		Examiner Name	O. Akintola
		Art Unit	3691
TOTAL AMOUNT OF PAYMENT		(\$)	465.00
		Attorney Docket No.	35646-175183

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below. <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	210	105					
Multiple dependent claims	370	185					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
= _____ x _____ = _____			Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
= _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
						Fees Paid (\$)	
Other (e.g., late filing surcharge): 2251 Extension for response within first month						60.00	
2801 Request for continued examination (RCE) (see 37						405.00	
...							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,784
Name (Print/Type)	Caroline J. Swindell	Telephone	(703) 760-1676
		Date	February 19, 2008